SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 3:25

DOCUMENT # **P93000038914 (6)**

1. Corporation Name
H.P. REID CO., INC.

Principal Place of Business
1 COMMERCE BLVD
PALM COAST FL 32137

Mailing Address
~~1 COMMERCE BLVD~~
~~PALM COAST FL 32137~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1993
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 352440
Suite, Apt. #, etc.
27
City & State
28 PALM COAST FL.
Zip 29 32135-2440 Country 30 FLORIDA

4. FEI Number: 22-3260351 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
CHRITTON, J K
1301 GULF LIFE DR
SUITE 1500
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LICHTER, VALDIN	1.2 NAME	
STREET ADDRESS	1 COMMERCE BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL 32137	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LICHTER, BARBARA	2.2 NAME	
STREET ADDRESS	1 COMMERCE BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL 32137	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	GOLDBERG, JOEL	3.2 NAME	DELETE AS
STREET ADDRESS	1 COMMERCE BLVD.	3.3 STREET ADDRESS	OFFICER
CITY - ST - ZIP	PALM COAST FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	CHIEF FINANCIAL OFFICER ☐ Change ☒ Addition
NAME		4.2 NAME	BEARD, RANDY
STREET ADDRESS		4.3 STREET ADDRESS	1 COMMERCE BLVD PO. BOX 352440
CITY - ST - ZIP		4.4 CITY - ST - ZIP	PALM COAST, FL 32135-2441
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. RANDY BEARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6/12/95 Date
904-445-2000 Daytime Phone #

CR2E034 (3/95)

012400 FP